

TRANSMITTAL LETTER

P 99000091137

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

500003002625--1
-10/01/99-01054-009
*****70.00 *****70.00

SUBJECT:

SKILLFUL LIVING, P.A.
(Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☒ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM:

MAUDE SILVER

Name (Printed or typed)

17368 SW 8th Street

Address

Pembroke Pines FL 33029

City, State & Zip

(954) 438-5824

Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

99 OCT 11 AM 9:11

FILED

Maude Silver GAVE
AUTHORIZATION BY PHONE TO
CORRECT Art IV, Art VI
DATE 10/18/99
DCC EXAM T.B.

NOTE: Please provide the original and one copy of the articles.

10/18/99
P



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

October 6, 1999

MAUDE SILVER
17368 SW 8TH STREET
PEMBROKE PINES, FL 33029

SUBJECT: SKILLFULL LIVING, P.A.
Ref. Number: W99000022892

We have received your document for SKILLFULL LIVING, P.A. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The corporate suffix P.A. is for Professional Association or Service Company. It appears that you not a Professional Association or a Service Company. Please refer to the enclosed Articles and Florida Statutes. Please choose another corporate suffix and make the other corrections.

The document must state the number of shares of authorized stock.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6928.

Tim Burch
Document Specialist

Letter Number: 099A00048159

FILED

ARTICLES OF INCORPORATION

In compliance with Chapter 621, F.S., Professional Association

99 OCT 11 AM 9:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

SKILLFUL LIVING, P.A

ARTICLE II PRINCIPLE OFFICE

The principle place of business/mailling address is:

2020 NE 163rd STREET, suite 300
N. Miami Beach, FL 33162

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide psychotherapy and counseling to individuals,
on one-on-one and in group, for difficult issues arising
from marital, parental/children conflict, adaptation to life cycle
changes -

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V OFFICERS/DIRECTORS (OPTIONAL)

The name(s) and address(es):

MAUDE SILVER R.N.C, LMFT
17368 SW 8th STREET
Pembroke Pines FL 33029

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

MAUDE SILVER R.N.C, LMFT
17368 SW 8th STREET
Pembroke Pines FL 33029

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

MAUDE SILVER R.N.C, LMFT
17368 SW 8th STREET
Pembroke Pines FL 33029

I hereby accept the appointment as Registered Agent & agree to act in this capacity.



Signature/Registered Agent

10-13-99

Date



Signature/Incorporator

10-13-99

Date